



**Monica J. Lindeen**

Commissioner of Securities & Insurance  
Montana State Auditor  
840 Helena Ave  
Helena, MT 59601

Phone: 406.444.2040  
800.332.6148  
Fax: 406.444.3497  
www.csi.mt.gov

**Police Retirement Fund or Police Training and Pension Fund  
Annual Financial Report  
File on or before April 1<sup>st</sup>**

\_\_\_\_\_, Montana \_\_\_\_\_, 20\_\_\_\_\_  
(City or town) (Date)

Pursuant to the provisions of Section 19-19-204 or 7-32-4120, MCA, we submit the following report of the financial condition of our Police Retirement Fund or Police Training and Pension Fund for the preceding year ending **December 31**, \_\_\_\_\_.

1. Does your city/town have an established police retirement system governed by a board of trustees, with the city/town contributing 11% of total salaries in compliance of 19-19-301, MCA?  
If **YES**, check here ( ☐ ), and file this annual report pursuant to 19-19-204, MCA.  
If **NO**, check here ( ☐ ), and file this annual report pursuant to 7-32-4120, MCA.
2. If your city/town **DOES NOT HAVE** law enforcement services which qualify for state funding under either of the code sections mentioned above, check here ( ☐ ), sign this report, and return it to the Office of the Commissioner of Securities and Insurance, Montana State Auditor, by the deadline.

Balance on hand per last report: \$ \_\_\_\_\_

Receipts for the year:

Received from State Auditor's Office	\$ _____
Received from City	_____
Interest on Investment	_____
Proceeds from local tax levy	_____
Officers' Contribution from	_____
Salary Deductions	_____

Total Receipts \$ \_\_\_\_\_

Sub-Total \$ \_\_\_\_\_

Disbursements for the year:

Police Training	\$ _____
Purchase of pensions for members	_____
of Police Department	_____
Other (specify)	_____

Total Disbursements \$ \_\_\_\_\_

Balance on hand December 31, 20\_\_\_\_\_ \$ \_\_\_\_\_

I hereby certify the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
(Signature of Board Member)

\_\_\_\_\_  
(Print Name of Board Member and Phone #)

Contact person \_\_\_\_\_ Title or Position \_\_\_\_\_ Phone # \_\_\_\_\_